FIRST AMENDMENT TO STANDARD CONTRACT
BETWEEN COUNTY OF SOLANO AND CAMINAR, INC.

This First Amendment is made on May 15, 2019, between the COUNTY OF SOLANO, a political subdivision of the State of California ("County") and Caminar, Inc. ("Contractor").

1. Recitals

   A. The parties entered into a contract dated July 1, 2018 (the "Contract"), in which Contractor agreed to provide community-based case management services.

   B. The County now needs to modify the Scope of Work and Budget of the Contract.

   C. This First Amendment represents an increase of $734,514 of the Contract.

   D. The parties agree to amend the Contract as set forth below.

2. Agreement

   A. Amount of Contract

      Section 3 is deleted in its entirety and replaced with: "The maximum amount of this Contract is $2,130,514."

   B. Scope of Work

      Exhibit A is deleted in its entirety and replaced with the Scope of Work attached to and incorporated by this reference as Exhibit A-1.

   C. Budget

      (1) Exhibit B-1 Fiscal Year 2018-2019 only is deleted in its entirety and replaced with the Budget attached to and incorporated by this reference as Exhibit B-1-1.

      (2) Exhibit B is amended to delete all references to Exhibit B-1 Fiscal Year 2018-2019 only and replaced with Exhibit B-1-1.

3. Effectiveness of Contract

Except as set forth in this First Amendment, all other terms and conditions specified in the Contract remain in full force and effect.

COUNTY OF SOLANO, a Political Subdivision of the State of California

By_____
Birgitta E. Corsello
County Administrator

CONTRACTOR

Mark Cloutier DIGITALLY SIGNED 06/13/2019 02:54 PM EDT
By_____
Mark Cloutier, CEO

APPROVED AS TO FORM

Bernadette Curry DIGITALLY SIGNED 06/15/2019 10:19 AM EDT
By_____
County Counsel

APPROVED AS TO CONTENT

Gerald Huber DIGITALLY SIGNED 06/14/2019 01:26 PM EDT
By_____
Gerald R. Huber, Director
Health and Social Services Department

EXHIBIT A-1
SCOPE OF WORK

I. PROGRAM DESCRIPTION

Contractor will provide comprehensive case management services for clients referred by the County of Solano, a political subdivision of the State of California (the "County") with the express intent of increasing client independence and stability in their lives. These services will result in clients maintaining independent community living and reducing hospitalizations, incarceration, and other more restrictive levels of care.

II. CONTRACTOR RESPONSIBILITIES:

1. PROGRAM SPECIFIC ACTIVITIES

Contractor shall:

A. Provide comprehensive case management services to a minimum active caseload of one hundred eighty (180) seriously and persistently mentally ill (SMI) clients with mental health and co-occurring disorders who are living in the community (i.e., apartment, board and care or are homeless). Historical patterns show that an active caseload of 180 would equate to at least 250 client s served annually due to discharges) Services include coordination of resources (medical, psychiatric, social, vocational, educational or housing), as well as mental health rehabilitation services necessary to enhance clients' potential for successful living in the community. Services may include supplemental individual therapy when clinically appropriate, but not at the reduction of necessary rehabilitation or case management services. Emphasis of the program model is on supportive counseling focused on behavioral issues critical to sustaining stability of the clients in their community setting.
    1. At least 75% of the minutes claimed in relation to clients shall involve face-to-face encounters, as opposed to services provided on behalf of the client but in which the client is not a participant.
    2. Services should support rehabilitation and independent living skills toward optimizing self-care, including self-administration of medication and self-monitoring of conditions. Services may include medication support, such as education regarding administering, dispensing, and monitoring of psychiatric medications or treatment necessary to alleviate the symptoms of mental illness and co-occurring needs within the scope of the appropriate medical personnel. Staff providing medication support services shall provide a minimum of face-to-face encounters or indirect medication support services, including documentation, amounting to no less than 70% of their scheduled work hours.

B. CASELOAD/STAFFING Maintain an approximate ratio of one (1) case manager to twenty (20) clients and one peer counselor to approximately fifteen (15) clients, with at least one licensed or licensed-waivered staff member available per 60 clients. The CCM Treatment Team, led by the Program Director, will meet weekly to do caseload reviews and clinical supervision; the team will meet at least monthly to discuss program progress, successes, community inclusion tool data, improvements needed.

C. FREQUENCY OF CONTACTS: Minimum standards of contact are 3-5 face-to-face encounters per month, with more frequent phone contact to assure client is progressing in their recovery. This may include more frequent contact for a time limited period in which the clients' needs demand more frequent care (i.e., stepping down from FSP, institutional care, crisis) to prevent movement to a higher level of care. This may also include intentional plan of less frequent contacts when nearing discharge.

D. ACCESS AND LEVEL OF CARE: Each client shall be referred by a designated County Designee and/or established referral committee (e.g., Transitions in Care committee held on a weekly basis) for participation in the Caminar Case Management program. Clients may not be accepted to the program without approval of a County Designee.

1. Initial client contact should be attempted within 7 calendar days of receipt of a referral to services. In any circumstance when this is not feasible or for whatever reason did not occur, the referring party and County Designee should be immediately notified.
2. Link clients to other services and agencies and advocate as needed. This may include SSI advocacy, housing resources, eligibility assistance, wellness and social services, medical care, substance abuse treatment, psychiatry, public guardian's office, and/or adult justice system.
3. Services shall be regionally distributed, field-based, and meet the clients where located including in the field, in homeless shelters, in jails to the extent possible, board and care facilities, mental health rehabilitation centers, inpatient hospitals, etc.
4. Meet quarterly with County Designee to ensure that services and staff caseloads are in accordance with required levels of care.
5. Upon initiation of discharge or step-down, the Contractor shall continue a minimum level of service delivery until engaged with the new level of care.

E. Provide Strengths Based Services as follows:
1. Collaborate with each client to create a personalized Wellness and Recovery Action Plan that is focused on life skills, housing options, vocational/educational goals, and mental and physical health.
2. Staff shall offer guidance, counseling and professional assistance to help the client develop and maintain necessary skills to lead as independent lives as they are capable. The focus of their efforts with clients shall include skills associated with shopping, cooking, public transportation, caring for the home environment, self-help skills for disability management, medication and treatment options, relationship and communication skills, supported employment, access to resources, and support services for co-occurring disorders.
3. Contractor will provide comprehensive case management services that are at a minimum grounded in two-evidence based approaches "Motivational Interviewing" and "WRAP." If a different approach is used, Contractor will notify County of changes, and will implement only evidence-based approaches listed by Substance Abuse and Mental Health Services Administration (SAMSHA) as evidence-based.
4. Additional ancillary supportive services may be offered through the use of volunteers with lived experience as a mental health consumer or family member.

F. PROVISION OF RECOVERY-ORIENTED, STRENGTHS BASED SERVICES:
1. Collaborate with each client to create a personalized *Strengths Based Recovery Plan* that is focused on life skills, housing options, vocational/educational goals, mental and physical wellness, coordination with other professionals/interventions/treatments, and level of care transition needs.
2. Administer the *Temple University Community Participation Measure* (Salzer, 2010) at intake, every 6 months and at discharge with the individual served to monitor a person's recovery plan, daily activities, and goals. Utilize the scores from this tool to update treatment goals and identify areas where case managers can focus supports for people to better integrate into the community and improve quality of life. The CCM Treatment team will meet regularly to discuss needs/barriers around practices and interactions needed while identifying strategies for overcoming them.
3. Staff shall offer 1:1 skill building and counseling, with linkage when necessary, to help the client develop and maintain necessary skills to increase self-determination, self-sufficiency and independent living skills. The focus of their efforts with clients shall include skills associated with shopping, cooking, public transportation, financial wellness and budgeting, tenancy supports: caring for the home environment, self-help skills for symptom management, medication and treatment options, social relationship building and communication skills, supported employment/education, access to resources, and support services for co-occurring disorders.
4. Contractor will provide comprehensive case management services or link to services that are grounded in evidence-based models and tools that would be described in program reports, including any relevant fidelity and oversight processes. This may

include Motivational Interviewing, Integrated Dual Disorders Treatment, IPS Supported Employment, Critical Time Intervention, Strengths Based Case Management, Housing First/Supportive Housing, Community Inclusion, Whole Health Action Management (WHAM), Wellness Recovery Action Planning (WRAP), and others.

5. To promote personal recovery and wellness, Peer Support Specialists with lived experience in mental health or co-occurring substance use recovery, are an integral part of the CCM team. Peer Specialists provide an array of recovery-oriented supports that may include supporting a person's wellness through WRAP planning, pre-crisis planning, motivational interviewing and mutuality, empowerment and advocacy, coaching and system navigation support. (Per reference: http://www.casra.org/docs/peer_provider_toolkit.pdf)

G. CONTINUITY OF CARE:

1. Establish Releases of Information and any needed formalized agreements for efficient and timely communication with Solano County psychiatrists to ensure continuity of care and bidirectional flow of clients' medical and behavioral information. County will provide monthly updates from Adult Clinics (ICC) regarding medication lists to Contractor to ensure continuity of care, unless the County is able to provide access to client's medication record through Avatar.
2. For individuals transitioning from higher levels of care, coordinate and provide case planning as required with County Full Service Partnership, Crisis Stabilization Unit, Adult Clinics (ICC), and other health services providers such as: medical, dental, and vision care providers. Collaborate with parties, including existing or developing social supports that are critical to the clients' recovery, as needed and permitted by regulation and legal consents.
3. Work assertively to step clients down from this program as appropriate, in concert with County personnel or other designated contractors.
4. Coordinate placement and/or discharge planning with inpatient hospitals, Mental Health Rehabilitation Centers and Augmented Board and Cares, in collaboration as appropriate with County Designees (e.g., Institutional Care Services team and Hospital Liaison team).
5. For justice involved individuals, when requested by the court and authorized by the consumer, case manager or program director/assistant program director will submit progress report to the court or others. County to provide template.

H. CULTURAL & LINGUISTIC RESPONSIVITY

Contractor shall ensure the delivery of culturally and linguistically appropriate services to beneficiaries by adhering to the following:

1. Contractor shall provide services pursuant to this Contract in accordance with current State Statutory, regulator, and Policy provision related to cultural and linguistic competence as defined in California State Department of Mental Health (DMH) Information Notice No: 97-14, "Addendum for Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services-Cultural Competence Plan Requirements," and the Solano County Mental Health Plan Cultural Competence Policy. Specific statutory, regulatory, and policy provisions are referenced in Attachment A of DMH Information Notice No: 97-14, which is incorporated by this reference.
2. Agencies which provide mental health services to beneficiaries under Contract with Solano County are required to participate as requested in the development and implementation of specific Solano County Cultural Responsivity Plan provisions. Accordingly, Contractor agrees at minimum:
    i. Utilize the national Culturally and Linguistically Appropriate Services (CLAS) standards in Health Care under the QA/QI agency functions and policy making;
    ii. During FY 19/20, Contractor will develop an agency Cultural Responsivity Plan to include goals and objectives towards improving cultural and linguistic competencies and addressing local disparities. County will provide technical

assistance, useful tools and a plan template to be used for organizations that do not already have such a plan;

1) The Cultural Responsivity Plan shall be submitted to County Contract Manager or designee for qualitative review, feedback, and approval no later than December 31, 2019;
2) The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County Contract Manager or designee by July 30th of each Fiscal Year for the current Fiscal Year;
3) Contractor will submit a revised plan if County determines the plan to be inadequate or not meeting fidelity to the CLAS standards;

iii. Develop and assure compliance with administrative and human resource policy and procedural requirements to support the intentional outreach, hiring, and retention of a diverse workforce;

iv. Provide culturally sensitive service provision and staff support/supervision, including assurance of language access through availability of bilingual staff or interpreters and culturally appropriate evaluation, diagnosis, treatment and referral services.

3. Provision of services in Preferred Language:
   i. Contractor shall provide services in the preferred language of the beneficiary and/or family member with the intent to provide linguistically appropriate mental health services per ACA 1557 45 CFR 92, nondiscrimination in healthcare programs. This may include American Sign Language (ASL). This can be accomplished by a bilingual clinician or the assistance of an interpreter. The interpreter may not be a family member unless the beneficiary or family expressly refuses the interpreter provided;
   ii. Contractor shall ensure that all staff members are trained on how to access interpreter services;
   iii. Contractor will provide informational materials as required by Section 9.D below, legal forms and clinical documents that the beneficiary or family member may review and/or sign shall be provided in the beneficiary/family member's preferred language whenever possible;
   iv. Contractor shall at a minimum provide translation of written informing materials and treatment plans in the County's threshold language of Spanish as needed for beneficiaries and/or family members.
4. Cultural Competence Training:
   i. Contractor shall ensure that all staff members including direct service providers, medical staff, administrative/office support, recreation staff, and leadership complete at least one training in cultural competency per year.
      1) On a monthly basis, Contractor shall provide County Contract Manager or designee with an updated list of all staff and indicate the most date of completing Solano MHP approved Cultural Competence Training. Evidence, including sign-in sheets based on organizational charts, of Contractor staff receiving Cultural Competence training, should also be provided to County Quality Improvement at that time.
   ii. Contractor shall ensure that interpretation services utilized for communications or treatment purposes are provided by interpreters who receive regular cultural competence and linguistic appropriate training. Training specifically used in the mental health field is recommended.
5. Participate in County and agency sponsored training programs to improve the quality of services to the diverse population Solano County.

2. QUALITY ASSURANCE, UTILIZATION MANAGEMENT AND OTHER REQUIREMENTS

A. Chart Requirements:
   1. Each client Contractor serves shall have a chart containing an initial comprehensive assessment, treatment plan, wellness and recovery action plan, consent for treatment, and appropriate Releases of Information. Charts will include any other documentation requirements set forth by Solano County Quality Improvement as well as State and Federal regulations.
   2. Each client shall be requested to sign a Release of Information between Contractor and County to exchange information necessary for coordination of care.
   3. Charts must be maintained in a secure fashion in accordance with all State and Federal privacy and security practices.

B. County will facilitate development of a Memorandum of Understanding (MOU) with the County's Crisis Stabilization Unit contractor and Contractor to help with the flow of communication between the two organizations that provide services to county clients in order to optimize the efficiency of treatment and facilitate referrals between agencies as clients move from different levels of need. This may also include providing to the CSU a Crisis Plan for any individuals who are likely to seek services at the CSU.

C. Contractor shall meet with County Designee at least quarterly or as often as monthly for purposes of:
   1. Compile a Program and Outcomes report that includes a summary of quarterly activities, successes, challenges and client outcomes.
   2. Reviewing program utilization, outcomes and fiscal utilization.
   3. Identifying system barriers that require collaborative problem solving.
   4. Identifying any issues or barriers to contract compliance and developing an improvement plan as needed.
   5. Reviewing utilization of services and level of care allocation in the context of system resources and demand.

D. Contractor shall use a comprehensive internal compliance and audit program featuring quality assurance oversight and training including elements which assure optimal claim integrity, enhanced patient privacy practices consistent with Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health (HITECH), and client's grievance processes, among others.
   1. No more than 10 minutes of documentation time per service shall be claimed, unless the service provided is greater than 60 minutes or the clinical intervention required an extensively detailed progress note. The distinct exception to time guidelines for documentation time is for completion of the clinical assessment or ANSA update.
   2. A sample of Recovery Plan and progress notes shall be reviewed monthly, and checked for conformity with the Behavior, Intervention, Response Plan (BIRP) method and alignment with the treatment plan.
   3. All Contractor clinical staff members must attend an annual training on SCMH documentation standards.

E. Maintain a system of utilization review and management. Identify clinical system of care trends requiring multi-systemic coordination, and identify causes for and trends suggesting increased utilization of high-cost, more restrictive care.
   1. Clinical intake/assessment, treatment planning, and service authorization: The Comprehensive ANSA (ages 21 and older) assessment and outcomes instruments shall be used with all county clients at the required intervals of initial assessment and annually; as the Personal Services Coordinator (PSC) treatment plan shall accompany authorization or reauthorization requests for Contractor and other MHP services by other entities covered by the single treatment plan.

F. The ANSA assessment and update should be reviewed to identify areas of focus and support continued need for treatment, intensity of treatment, or preparation for discharge to a lower level of care.

G. The PSC shall be responsible for completing these instruments and shall include input from other ancillary treatment providers for purposes of administrative maintenance of necessary service authorizations in a comprehensive treatment plan.
    1. Participate in all processes required of the MHP in accordance with the expectations of the State Department of Healthcare Services. This includes but may not be limited to DHCS Consumer Perception Surveys (currently bi-annually) and service verification per County procedure.
    2. Clients served by the Contractor shall be covered by Medi-Cal and/or Medicare, except under express circumstances approved by County Designee. The contractor shall verify every client's eligibility for Medi-Cal and MediCare each month, and notify the County of a lapse of coverage within 14 days of discovery.
        i. Verify that no referred client has Other Healthcare Insurance (OHI). Upon discovering that a client maintains OHI, the Contractor shall bill that insurance provider, and if payment is denied, provide the Explanation of Benefits (EOB) denial to the County with the monthly invoice.
        ii. Coordinate with County regarding appropriate billing for clients who have Medicare insurance and have received services that are eligible for Medicare payment.
    3. Submit claims timely through the County's Electronic Health Record, billing all applicable codes as permitted by this Contract and by law.

3. GENERAL ACTIVITIES

A. Provide mental health services that are strengths-based, person-centered, safe, effective, timely and equitable; supported by friends and the community; with an emphasis on promoting wellness and recovery.
B. Ensure that service frequency is individualized and based upon the need of each consumer.
C. Make coordination of service care an integral part of service delivery which includes providing education and support to consumers/family members as well as consulting with community partners including but not limited to: other mental health providers, physical care providers, schools (if appropriate), etc.
D. Maintain documentation/charting according to industry standards. For all consumers entered into the Solano County MHP electronic health record Contractor shall adhere to documentation standards set forth by the MHP in accordance with Solano Behavioral Health trainings, practices and documentation manual.
E. Ensure that direct clinical services are provided by licensed, registered or waivered clinicians or trained support counselors for consumers entered into the Solano County MHP electronic health record Contractor shall adhere to:
    1. Assessment activities and therapy treatment services (1:1 therapy, family therapy, and group psychotherapy) can only be provided by licensed or registered clinicians.
    2. "Other Qualified Providers", such as mental health specialist level staff, are authorized to bill for Medi-Cal reimbursable mental health services, such as targeted case management, rehabilitative services, collateral, or plan development.
    3. If Contractor employs staff with less education than a BA in a mental health or social work field, and less experience than 2 years in a mental health related field, the Contractor will provide and document training around any service activity for which the staff will be providing.
F. Contractor shall supervise unlicensed staff in accordance with Medi-Cal and the applicable California State Board guidelines and regulations.
G. Adult Needs & Strength Assessment (ANSA) (ages 18+) outcomes instrument shall be used with all County consumers at the required intervals of initial assessment, annually, and discharge from treatment. Primary Service Coordinators and Treatment planning teams shall use ANSA assessment data to determine treatment progress, areas of treatment focus and support continued need for treatment or for treatment reduction or discharge. The Primary Service Coordinator shall be responsible for completing these instruments and shall consult with Contractor treatment providers as required by the administration protocol and/or sound clinical practice.

4. PERFORMANCE MEASURE

A. 75% of program participants will show the following outcomes:
   1. Increased involvement in healthy recovery-oriented activities, which may be measured by participation at a Wellness Center, employment, volunteer work, or other social engagements or meaningful life activity.
   2. Reduction in Emergency Room visits as noted by pre and post assessment evaluation.
   3. Increased adherence to medication regimen as prescribed.
   4. Reduction in homelessness episodes during the course of care, compared to pre-admission.

B. 70% of program participants will maintain continuous living in supported independent living or other appropriate community setting for at least 6 months or longer.

C. Program participants will show a reduction in the utilization of high end services (e.g., CSU, inpatient) during the course of care compared to pre-admission.
   1. No more than 20% of clients will require inpatient admission during the course of care over a 12 month period.
   2. Any clients with 3 hospitalizations or more than 21 days of inpatient care during a 12 month period will be reviewed with County Designee or multi-disciplinary team (i.e., Transitions in Care committee) for consideration of a higher level of care or other adjustment of the treatment plan.

5. REPORTING REQUIREMENTS

Contractor will submit a report of Outcomes to County Designee on a quarterly basis in the format below or any alternate format that includes this required information. The number should be an unduplicated count of clients on a given measure. The percentage is that number divided by the total number served.

Measure	Number	Percentage
Total Number Served		
Average length of service to open cases		
New cases opened		
Case discharged to a lower LOC		
Clients hospitalized (unduplicated)		
Clients with 3 or more hospitalizations		
Maintained stable community living situation for 6 or more months		
Participated in employment, education or volunteerism		
Emergency Room visits (unduplicated)		
CSU visits (unduplicated)		
Clients with 3 or more CSU visits		

6. CONTRACT MONITORING MEETINGS

Meeting can be in person or via teleconference.

A. Contractor shall liaise with County Designee at least quarterly or as often as monthly for purposes of:
   1. Reviewing program outcomes.
   2. Identifying system barriers that require collaborative problem solving.
   3. Identifying any issues or barriers to contract compliance and developing an improvement plan.
   4. Reviewing utilization of services and level of care allocation in the context of system resources and demand.

7. PATIENT RIGHTS

A. Patient rights shall be observed by Contractor as provided in Welfare and Institutions Code section 5325 and Title 9 of the California Code of Regulations, HITECH, and any other applicable statutes and regulations. County's Patients' Rights advocate will be given access to clients, and facility personnel to monitor Contractor's compliance with said statutes and regulation.

B. Freedom of Choice: County shall inform individuals receiving mental health services, including patients or guardians of children/adolescents, verbally or in writing that:
   1. Acceptance and participation in the mental health system is voluntary and shall not be considered a prerequisite for access to other community services.
   2. They retain the right to access other Medi-Cal or Short-Doyle/Medi-Cal reimbursable services and have the right to request a change of provider, staff persons, therapist and/or case manager.

8. CONFIDENTIALITY OF MENTAL HEALTH RECORDS

A. Contractor warrants that Contractor is knowledgeable of Welfare and Institutions Code section 5328 respecting confidentiality of records. County and Contractor shall maintain the confidentiality of any information regarding consumers (or their families) receiving Contractor's services. Contractor may obtain such information from application forms, interviews, tests or reports from public agencies, counselors or any other source. Without the consumer's written permission, Contractor shall divulge such information only as necessary for purposes related to the performance or evaluation of services provided pursuant to this Contract, and then only to those persons having responsibilities under this Contract, including those furnishing services under Contractor through subcontracts.

B. In the event of a breach or security incident by contractor or contractor's staff, any damages or expenses incurred shall be at the expense of the contractor.

C. In the event of a breach or security incident by Contractor or Contractor's staff, any damages or expenses incurred shall be at Contractor's sole expense.

III. COUNTY RESPONSIBILITIES:

A. Provide training and technical assistance on the use of Netsmart Avatar electronic health record system. (only if vendor will be entering services into Avatar)

B. Providing feedback on performance measures objective in a timely manner to seek a proactive solution.

C. Provide clinical documentation training meeting Medi-Cal Title 9 Specialty Mental Health service standards.

EXHIBIT B-1-1
July 1, 2018 – June 30, 2019
Comprehensive Case Management

Line Item	FTE	FY18/19 Budget
Personnel		
Executive Director	0.10	14,606
Director of Services	0.2	25,015
Program Director	1.0	72,845
Executive Assistant	0.10	5,673
LVN	1.0	40,824
Case Managers	5.0	239,932
Assistant Case Manager	1.0	35,512
QI	0	3,285
Program Support	1.20	40,094
Subtotal Salaries	9.6	$477,786
Total Fringe Benefits		124,296
Subtotal Personnel		$602,082
Operating Expenses		
Professional Services: Clinical Supervision		8,333
Contract Services		12,614
Transportation/Travel		18,771
Conference & Training		3,147
Staffing/Employee Relations		1,218
Equipment Rental		7,179
Rent: Office		37,568
Telephone/Communications		6,907
Utilities		6,937
Office and Computer Supplies		11,038
Postage/Mailing		31
Printing and Publications		0
Insurance Expense		2,812
Agency Vehicle/Vehicle Insurance		6,476
Building Maintenance Supplies & Repairs		7,007
Client Food, Support, Activities, and Incentives		4,807
Membership Dues & Licenses		684
Depreciation & Amortization		12
Subtotal Operating Expenses		**$135,541**
Indirect Costs		
Indirect Costs – 13%		95,891
Subtotal Indirect		**95,891**
TOTAL ALL COSTS		**$833,514**

Line Item	FTE	FY19/20
Personnel		
Executive Director	0.1	12,000
Director of Services	0.2	22,660
Program Director	1	80,000
Assistant Program Director	1	67,000
Executive Assistant	0.1	6,695
LVN	1	51,470
Case Managers	5	278,100
Assistant Case Manager	1	41,600
Peer Case Manager	3	93,600
Co-Occurring Case Manager	1	50,000
Administrative Assistant	1.2	44,290
Subtotal Salaries	14.6	**747,415**
Total Fringe Benefits		246,647
Subtotal Personnel		**994,062**
Operating Expenses		
Professional Services: Clinical Supervision		**8,065**
Contract Services		**13,000**
Transportation/Travel		**27,346**
Conference & Training		**3,060**
Staff Recruitment/Advertising		**3,811**
Equipment Rental		**7,210**
Rent: Office		**40,000**
Telephone/Communications		**6,180**
Utilities		**6,180**
Office and Computer Supplies		**11,330**
Postage/Mailing		**300**
Printing and Publications		**600**
Insurance Expense		**3,060**
Agency Vehicle/Vehicle Insurance		**4,632**
Building Maintenance Supplies & Repairs		**6,180**
Client Food, Support, Activities and Incentives		**8,240**
Membership Dues & Licenses		**2,000**
Depreciation & Amortization		**412**
Screening/Certificates		**2,120**
Subtotal Operating Expenses		**153,726**
Indirect Costs		
Indirect Costs – 13%		149,212
Subtotal Indirect		**149,212**
TOTAL ALL COSTS		**$1,297,000**